

Care Coordination Program Skills Validation Tool		
Patient name:	SS#:	
Competency Elements-Health Buddy	Date Met	
1. Understands power and phone connections. (need for continuous power)		
2. Checks phone for dial tone after connection. (understands connection to answering machine)		
3. Presses the button below the word “continue” on the Health Buddy screen.		
4. Is able to go through tutorial.		
5. Understands and demonstrates which buttons to push to answer questions appropriately.		
6. Understands how information is sent to icaredesktop software program.		
7. States the procedure for contacting technical support staff for any equipment or power failures.		

Date: _____

Patient: _____

Care Coordination Program Skills Validation Tool		
Patient: _____ SS#: _____		
Competency Elements Patient Home Unit	Not Met	Date Met
1. Explains power and phone connections.		
2. Explains buttons: green to answer the phone and blue to send the blood pressure readings back to care coordinator.		
3. Demonstrates how to answer phone: Presses green button when phone rings.		
4. Demonstrates how to take his/her blood pressure. Demonstrates appropriate cuff placement.		
5. Using the stethoscope placement card, demonstrates where to place and how to hold stethoscope.		
6. Verbalizes understanding of the following concepts: γ When the care coordinator disconnects from the visit, the green light may stay on. If the light stays on for longer than one minute, the patient should disconnect manually. Understands that if the green light is on the phone line is tied up. γ If the first time the care coordinator calls the connection is not made, the patient needs to turn the green light off on their unit so the phone line will be open for the case manager to try again.		
8. Patient and/or caregiver verbalize process for calling program office for problems and to medical center phone advice line after administrative hours.		
9. Verbalizes care of equipment-no picking up in case of dropping, no cleansers on equipment, ensures all connections are in place.		

Date:_____

Patient:_____

